

STATE OF NEW HAMPSHIRE

Fee for Form 11-A: \$50.00
Filing fee: \$50.00
Total fees \$100.00

Form No. 11
RSA 293-A:2.02

Use black print or type.

Form must be single-sided, on 8½" x 11" paper;
double sided copies will not be accepted.

ARTICLES OF INCORPORATION

THE UNDERSIGNED, ACTING AS INCORPORATOR(S) OF A CORPORATION UNDER THE NEW HAMPSHIRE BUSINESS CORPORATION ACT, ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION FOR SUCH CORPORATION:

FIRST: The name of the corporation is Moose Flowers for Less, Inc.

SECOND: The number of shares the corporation is authorized to issue: 100

THIRD: The name of the corporation's initial registered agent is Mark D Borak Sr.

and the **street address**, town/city (including zip code and post office box, if any) of its initial registered office is (agent's business address) 390 mammoth Road
Pelham NH 03076

FOURTH: The capital stock will be sold or offered for sale within the meaning of RSA 421-B (Uniform Securities Act).

FIFTH: The corporation is empowered to transact any and all lawful business for which corporations may be incorporated under RSA 293-A and the principal purpose or purposes for which the corporation is organized are:

Resale Flowers wedding

[If more space is needed, attach addit



ARTICLES OF INCORPORATION
OF _____

Moore Flowers For Leds, Inc.

Form No. 11
(cont.)

SIXTH: The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>Mark D Borak SR</u>	<u>390 mammoth Road</u>
	<u>Pelham NH 03076</u>

Dated May 24, 2006

Effective 5/24/06
3:30 pm

Mark D Borak SR.

Incorporator(s)

Mail fees, DATED AND SIGNED ORIGINAL AND FORM SRA to: Corporation Division, Department of State, 107 North Main Street, Concord NH 03301-4989.

Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws

Part I – Business Identification and Contact Information

Business Name: moore Flowers For Less, Inc.
Business Address (include city, state, zip): 390 mammoth Road Pelham NH 03076
Telephone Number: (603) 635-8967 E-mail: SSKincare@yahoo.com
Contact Person: Sarah or Mark Borch
Contact Person Address (If Different): _____

Part II – Check ONE of the following items in Part II If more than one item is checked, this form will be rejected.
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B) and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
- A) This business has 10 or fewer owners; and
 - B) Advertising relating to the sale of ownership interests has not been circulated; and
 - C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. ☐ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____.
3. ☐ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____.
4. ☐ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

1. ☐ This business is not a New Hampshire corporation or limited partnership. (ALL LLC's should check this item.)
2. ☒ This business is a New Hampshire corporation or limited partnership and the articles of incorporation or certificate of limited partnership states whether capital stock or interests will be sold or offered for sale.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): Mark D Borch Jr Signature: [Signature]
Name (print): Sarah Doyon Signature: [Signature]
Name (print): _____ Signature: _____

Date: May 24 2006